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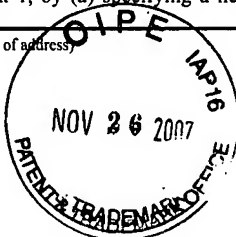
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

10/09/2007

Christopher J. Fildes  
 Fildes & Outland, P.C.  
 Suite 2  
 20916 Mack Avenue  
 Grosse Pointe Woods, MI 48236



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Christopher J. Fildes	(Depositor's name)
<i>Chris J. Fildes</i>	(Signature)
November 23, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/781,431

02/18/2004

Gary A. Gillis

20002.122

3454

TITLE OF INVENTION: PATIENT MEDICAL TUBING ANCHOR AND METHOD

11/26/2007 NNGUYEN2 00000108 10781431

01 FC:1501  
 02 FC:1504  
 03 FC:8001

1440.00 OP  
 300.00 OP  
 9.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(\$ DUE	DATE DUE
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nonprovisional

NO

\$1440

\$300

\$0

\$1740

01/09/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
THANH, LOAN H	3763	604-180000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Fildes & Outland, P.C.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tri-State Hospital Supply Corporation

Howell, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 3

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
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- ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Chris J. Fildes*  
 Christopher J. Fildes

Date November 23, 2007

Typed or printed name

Registration No. 32,132

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